PART B - FEE(S) TRANSMITTAL

rm, together with applicable fee(s), to: Mail

			or Fax	P.O. Box 1450 Alexandria, Virg (571) 273-2885				
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected to maintenance fee notification	m should be used for tran- respondence including the I selow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a)			ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a ser	should be completed where t correspondence address as parate "FEE ADDRESS" for		
MODE TO BOULD AND	E ADDRESS (Note: Use Block 1 for			Note: A certificate of	mailing can only be used	for domestic mailings of the		
32964 75	90 10/03/2005			papers. Each additions	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
BEIT HAROF'IM	r Ltd., david Kli Nahala street, ro			, Cer	rificate of Mailing or Tras			
ISRAEL						(Depositor's name)		
		,				(Signature) (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INV		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/773,837 TITLE OF INVENTION: M	02/09/2004 IULTIFUNCTIONAL BRE/	ACHING APPARA	Arie Sansol ATUS	U	1270SAN-US	7184		
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE .		
nonprovisional	YES	\$700		\$300	\$1000	01/03/2006		
EXAM	INER	ART UN	т	CLASS-SUBCLASS	1			
BERGIN,	JAMES S	3641		102-331000	•	,		
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indico or more recent) attached. Us D RESIDENCE DATA TO E	ation form e of a Customer	(1) the names or agents OR, a (2) the name o registered attor 2 registered pa listed, no name	f a single firm (having as mey or agent) and the nan tent attorneys or agents. It will be printed.	a member a 2 Day	vid Klein		
	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear of T a substitute for f	on the patent. If an assignment. 12 CITY and STATE OR CO	1/08/2003 HBERNET V FC:2501	document has been filed for 10000014 10773837 700.00 0 300.00 0		
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4a. The following fee(s) are	e assignee category or category		o. Payment of Fee(corporation or other private	group entity Government		
Ksue Fee	•			e amount of the fee(s) is e	nclosed.			
✓ Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is bereby authorized by charge the required fee(s), or credit any overpayment to					
Advance Order - # o	f Copies		The Director Deposit Account	is hereby authorized by o Number	charge the required fee(s), one charge the required fee(s), one charge the ch	or credit any overpayment, to copy of this form).		
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status, See 37			
INO LE. THE 1880B LEE SUG L	is requested to apply the Iss sublication Fee (if required) ords of the United States Pat	will not be accepte	o itom anyode oth	r to re-apply any previous er than the applicant; a reg	ly paid issue fee to the appli gistered attorney or agent; or	cation identified above. the assignee or other party in		
Authorized Signature	David ?	Kleni		Date	7 Dec	2005		
Typed or printed name _	David	Klain		Registration		ზ		
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPI is for reducing this burden, is ginia 22313-1450. DO NOT	11. The informatic 122 and 37 CFR O. Time will vary hould be sent to th SEND FEES OR	on is required to of 1.14. This collection depending upon the Chief Informatic COMPLETED FO	btain or retain a benefit by ion is estimated to take 12 the individual case. Any con On Officer, U.S. Patent and IRMS TO THIS ADDRES	the public which is to file (i minutes to complete, inclu- comments on the amount of i Trademark Office, U.S. D SS, SEND TO: Commission	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,		

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PAGE-144 RCVD AT 12/7/2005 9:34:30 AM [持續的]的配向dard Time] * SVR:USPTO-EFXRF-6/24 * DNIS:2732885 * CSID:011 972 8 9495323 * DURATION (mm-ss):02-28 300.00 OP 02 FC:1504

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		Application Number	10/773,837	
TRANSMITTAL		Filing Date	February 9, 2004	· · · · · · · · · · · · · · · · · · ·
FORM		First Named Inventor	Arie Sansolo	
		Art Unit	3641	
(to be used for all correspondence after initial	t filing)	Examiner Name	James S. Bergin	
otal Number of Pages in This Submission	4	Attorney Docket Number	1270SAN-US	

ENCLOSURES (Check all that apply)							
(oncon un sint uppry)							
×	Fee Tran	smittal Form		Drawing(s)			After Allowance Communication to TC
i i	☐ F	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondenc Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTOL-85 Credit Card Form	
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Firm N	ame	Dekel Patent Ltd				II AG	
Signati	nte	David Ille					-
Printed	name						
Date	Date December 7, 2005 Reg. No. 41,118					18	

CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transm sufficient postage as first class mail in an envelope addressed to: the date shown below:	itted to the USPTO or deposited with the Un Commissioner for Patents, P.O. Box 1450, A	ited States Postal Service with Alexandria, VA 22313-1450 on					
Signature							
Typed or printed name	Date						

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTA For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 1000

Complete if Known					
Application Number	10/773,837				
Filing Date	February 9, 2004				
First Named Inventor	Arie Sansolo				
Examiner Name	James S. Bergin				
Art Unit	3641				
Attorney Docket No.	1270SAN-US				

COTAL AMOBILITO FA	TIME (3) 1000		Attorney Dock	et No. 12	70SAN-US		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
1			Director is herel	y authorized t	o: (check all t	hat apply)		
. —	(s) indicated b			Char	ge fee(s) Indi	cated below, ex	cept for the	filing fee
WARNING: Information on t information and authorization	FR 1.16 and 1 his form may b	.17	ayments of fee(Credit card infor	. [lit any overpa not be include		rovide credit (ard:
FEE CALCULATION								
1. BASIC FILING, SEA	FILING		SEARC	H FEES Small Entity		ATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	001	0	0	0	0		
2. EXCESS CLAIM FE				•		,	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, i	OF Reissues	or Peissues	over 20 and n	ore than in t	he original	patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 360								100
<u>Total Claims</u>	Extra Claim	<u>s Fee (\$</u>	Fee Pa	id (\$)	Multiple D	ependent Clain		160
- 20 or HP = HP = highest number of tota	daims paid for	X	=		Fee (\$)		aid (\$)	
<u>Indep. Claims</u>	Extra Claim	<u> Fee (\$</u>		d (\$)				
- 3 or HP = HP = highest number of inde	pendent claims	X paid for, if great	= er than 3					
3. APPLICATION SIZE If the specification and for each additional Total Sheets	FEE d drawings e	exceed 100 s r fraction the	heets of paper treof. See 35 mber of each a	U.S.C. 41(a)	(1)(G) and : or fraction th	37 CFR 1.16(s ereof	s).	nall entity)
Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							s Paid (\$)	
Other: Issue Fee	and Public	cation Fee					10	000

SUBMITTED BY			
Signature	Lavid Illei	Registration No. 41,118	Telephone 972-8-9495334
Name (Print/Type)	David Klein		Date 7 December 2005

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